

NOTICE OF INTENT TO APPLY

In order to allow the Office for the Advancement of Telehealth to plan for the Objective Review Process, applicants are encouraged to notify the Office of their intent to apply. This notification serves to inform the Office of the anticipated number of applications that are being submitted. A form stating the intent to apply is attached for your convenience. Please fax the attached form to:

Margaret Hardy
Rural Telemedicine Grant Program
Office for the Advancement of Telehealth
5600 Fishers Lane, Room 11A-05
Rockville, Maryland 20857
Fax: (301) 443-1330

NOTE: Please respond by February 16, 2000

Notice of Intent to Apply for the Rural Telemedicine Grant Program

APPLICANT

Name of Organization: _____

Address: _____

Contact Name: _____

Phone Number: () _____

Fax Number: () _____

E-mai addressl: _____

OTHER NETWORK MEMBERS

Name of Organization/Facility: _____

Address: _____

Contact Name: _____

Phone/Fax Number: () () _____

Name of Organization/Facility: _____

Address: _____

Contact Name: _____

Phone/Fax Number: () () _____

Name of Organization/Facility: _____

Address: _____

Contact Name: _____

Phone/Fax Number: () () _____

Name of Organization/Facility: _____

Address: _____

Contact Name: _____

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Contact Name: _____

Phone/Fax Number: () () _____

Name of Organization/Facility: _____

Address: _____

Contact Name: _____

Phone/Fax Number: () () _____

Name of Organization/Facility: _____

Address: _____

Contact Name: _____

Phone/Fax Number: () () _____

If needed, photocopy this page for additional network members

Please mail or fax this form to: Margaret Hardy/Rural Telemedicine Grant Program, Office for the Advancement of Telehealth,

5600 Fishers Lane, Room 11A-55, Rockville, Maryland 20857, Fax (301) 443-1330. Please respond by **February 16, 2000.**

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